U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
EAUG 17 2005

1. File Number **U** - **890**/

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

						1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.					4. Name	4. Name, file number, and address of labor organization.					
Name	Jeffrey	effrey A Marcoux					Name Carpenters Local Union #111				
				•	Labor	Organization File Nur	mber 026-78	7			
DO Dou Dide Dear No. 15 and					P.O. Box, Building and Room Number, if any						
P.O. Box, Bldg., Room No., if any					1.0. Dox, building and footh Number, if any						
Street	7 Regiment Drive	Regiment Drive				Street 13 Branch Street					
City	East Hampstead	ast Hampstead			City	City Methuen					
State	New Hampshire		7IP Code + 4	03826-2482				01844-1900			
			ZIF Code + 4		State	Massachusetts		ZIF Code + 4	01844-1900		
o. Positio	on in labor organization.										
Ente	er appropriate data below If,	during the				or child directly or inc orth in the instruction		f the following in	terests		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.											
Name and address of Employer (including trade name, if any).					7.a. Nature of Interest, Transaction, or Income.						
Name	e N/A				N/A						
Trade I	Name, if any:	energicement county has graph as the physical space of the second provided as		he of they therefore the first of the solving a first of the solving and the sound and the sound processed processed in the solving and the so							
P.O. Box, Bldg., Room No., if any											
Street					7.b. Amo	ount.					
Succi											
City											
State			ZIP Code + 4								
	Signature										
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)											
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Sign	ed WIIII	1-1-9-			On	8'5 05	9786	SSS/	75		
						Date		elephone Numbe	51		
Form LM-	30 (2003)								Page 1 of 2		

Name of Person Filing Jeffrey Marcoux*	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any). Name New England Carpenter Labor Management Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 803 Summer Street City Boston State Massachusetts ZIP Code + 4 02127-1616	9. Business deals with: X a. Labor Organization b. Trust c. Employer							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any	Contributions to the New England Carpenter Labor Management Fund are determined by the CBA and a joint board of trustees representing labor and management oversees the operations.							
Street	11.b. Approximate dollar value of such dealing.	\$1,800,000						
City	12.a. Nature of interest held or income received.							
State ZIP Code + 4	Food/meal for meetings is under \$25 and not reported Lodging for trustee meeting 2/12/04 \$196 Reimbursed expenses on 2/11/04 \$62 Lodging for Trustees meeting on 6/17/04 \$388 Lodging for Trustees meeting on 9/16/04 \$218 Reimb exp Trustee mtg 9/15/04 \$26							
		4000						
	12.b. Amount.	\$890						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N/A	14.a. Nature of payment. N/A							
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any		Olimpian market						
Street								
City		The state of the s						
State ZIP Code + 4		7700000						
13 b. Is the Business an Employer or Consultant 2	14.b. Amount of payment.							

DISCLAIMER

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended Form LM-30.

Date: